



SOCIODEMOGRAPHIC AND HEALTH CHARACTERIZATION OF PEOPLE WITH VENOUS ULCERS IN OUTPATIENT CLINIC CARE

CARACTERIZAÇÃO SOCIODEMOGRÁFICA E DE SAÚDE DE PESSOAS COM ÚLCERAS VENOSAS EM ATENDIMENTO AMBULATORIAL

CARACTERIZACIÓN SOCIODEMOGRÁFICA Y SANITARIA DE PERSONAS CON ÚLCERAS VENOSAS EN ATENCIÓN AMBULATORIAL

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ABSTRACT

Objective: to identify the sociodemographic and health characteristics of people with venous ulcers. **Method:** this is a quantitative, descriptive, and cross-sectional study, with 34 people with venous ulcer. Data collection took place from June to August 2011, by means of a questionnaire. Data were analyzed in the EPI INFO 3.5.2. The project was approved by the Ethics Research Committee from the *Universidade Federal de Santa Maria/UFMS*, under CAAE 0129.0.243.000-11. **Results:** the surveyed people were aged between 34 and 80 years; 61.8% of adults, 55.9% of the female gender; 79.5% with complete elementary school; 58.8% obese; 50.0% with family history of venous ulcer. **Conclusion:** the nursing professional should plan care actions that consider the sociodemographic and health variables, as well as guiding in a simple and clear way, by enabling the participation of people with venous ulcers in its treatment. **Descriptors:** Nursing; Varicose Ulcer; Health Profile; Chronic Disease.

RESUMO

Objetivo: identificar as características sociodemográficas e de saúde das pessoas com úlcera venosa. **Método:** estudo quantitativo, descritivo, transversal, com 34 pessoas com úlcera venosa. A coleta dos dados ocorreu de junho a agosto de 2011, por meio de um questionário. Os dados foram analisados no EPI INFO 3.5.2. O projeto foi aprovado pelo Comitê de Ética em Pesquisa da *Universidade Federal de Santa Maria/UFMS*, sob CAAE 0129.0.243.000-11. **Resultados:** as pessoas pesquisadas tinham idade entre 34 a 80 anos; 61,8% adultos; 55,9% do sexo feminino; 79,5% com ensino fundamental incompleto; 58,8% obesas; 50,0% histórico familiar de úlcera venosa. **Conclusão:** o enfermeiro deve planejar as ações de cuidados, que considerem as variáveis sociodemográficas e de saúde, bem como orientar de forma simples e clara, possibilitando a participação da pessoa com úlcera venosa no seu tratamento. **Descritores:** Enfermagem; Úlcera Varicosa; Perfil de Saúde; Doença Crônica.

RESUMEN

Objetivo: identificar las características socio-demográficas y sanitarias de las personas con úlcera venosa. **Método:** estudio cuantitativo, descriptivo, transversal con 34 personas con úlcera venosa. La recabada de datos se produjo entre junio y agosto de 2011 por medio de un cuestionario. Los datos se analizaron en el Epi-Info 3.5.2 por las medidas descriptivas (frecuencia absoluta y relativa) de tendencia central (media) y de dispersión (desvío-estándar y amplitud). El proyecto de investigación fue aprobado por el Comité de Ética en Investigación de la *UFMS*, bajo CAAE 0129.0.243.000-11. **Resultados:** las personas objeto de investigación tenían entre 34 y 80 años de edad; 61,8% adultos; 55,9% del sexo femenino; 79,5% enseñanza primaria incompleta; 58,8% obesas; 50,0% historial familiar de úlcera venosa. **Conclusión:** el enfermero debe planear las acciones de cuidados, que consideren las variables socio-demográficas y sanitarias, así como orientar de forma sencilla y clara permitiendo la participación de la persona con úlcera venosa en su tratamiento. **Descriptores:** Enfermería; Úlcera Varicosa; Perfil de Salud; Enfermedad Crónica.

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INTRODUCTION

The increased life expectancy and decreased occurrence of certain infectious and contagious diseases characterize a new scenario, in which chronic diseases are the leading cause of morbidity and mortality across the world. As the population ages, there is a change in the incidence and prevalence of certain diseases, as well as in life habits related to unhealthy behaviors. These factors predispose the manifestation of the peripheral vascular disease.¹

The chronic ulcers of vascular origin have become a notable health problem; however, there are few population studies in Brazil that address the magnitude of this problem.² Among the chronic ulcers of the lower limbs, a range between 70% and 90% of cases are in people with venous ulcers (VU).³ In Spain, VU affects 1.0-1.3% of the adult population and accounts for approximately 75% of all chronic leg ulcers.⁴

The venous injury usually results from chronic venous insufficiency, which affects skin microcirculation causing lesions, mainly, in the lower third of the legs and is characterized by having uneven and shallow edges, but defined.⁵ This injury can persist for months or years, tends to be chronic and recurrent, being that it is estimated a recurrence of 70%.⁵⁻⁶

It should be highlighted that the daily lives of people with VU is changed due to the need for constant clinical management, which requires frequent visitations to the healthcare services. Moreover, it is necessary to perform daily dressings and adherence to new life habits, which, in general, is not easy for the affected person, neither for their family members.⁸

The venous injury can cause pain, to affect mobility and capacity for work, by reflecting in removals from work activities, early retirements and restriction of activities of daily living and leisure.⁹ From this, VU becomes relevant from the social and clinical viewpoints, since it jeopardizes the productivity and life quality. Thus, it can cause socioeconomic problems, both for the person affected by the venous injury and for healthcare institutions and society.¹⁰ Given this, it is crucial performing an accurate assessment of sociodemographic, clinical and health conditions of the subject with VU, since these conditions can interfere with the injury treatment.¹¹

In this context, it is urgent that healthcare professionals, especially nurses, to plan

interventions in which not only the lesion to be treated is considered, but also the subject, with its characteristics and needs. Thus, it becomes essential, for adherence and maintenance of the proposed treatment, to identify the situations related to the social and risk context of the person with VU, as well as to define actions and strategies that enhance the healing process of the injury.¹¹

Given the need to meet the social, economic and health questions, it should be asked: *what is the sociodemographic and health characteristic of people with VU monitored at the outpatient clinic from a university hospital in the Brazilian South?*

It has as objective to identify the sociodemographic and health characteristics of people with venous ulcers.

METHOD

This is a quantitative, descriptive, and cross-sectional study, which was held at the outpatient clinic from a university hospital in the Brazilian South.

The study population was comprised of 34 people with VU attended and treated at the outpatient clinic from a university hospital in the Brazilian South, from June to August 2011. We have included those with registration in the institution, older than or equal to 18 years and of both genders. We have excluded those who showed difficulty in understanding or communication.

Data were collected through a questionnaire filled out by the researchers within the above mentioned department. We have investigated the following variables: age, gender, race, marital status, number of children, schooling, income, religion, housing conditions, origin, sewage disposal, profession/occupation, source of income, means of transportation, caregiver presence, health conditions, Body Mass Index (BMI), use of medications, family history of VU and characteristic clinical signs of venous insufficiency. This study is part of the research macro-project **"Care for the users with venous ulcer: implications for the nursing care"**.

For data analysis, we have used the independent double typing process in the EPI INFO program, version 3.5.2. Once validated, the data were analyzed by descriptive measures (absolute and relative frequency), central tendency (average) and dispersion (standard deviation and amplitude).

The project was approved by the Ethics Research Committee from the *Universidade*

Federal de Santa Maria/UFSM (Process nº 23081.007762/2011-41 and Certificate of Presentation for Ethical Consideration/CAAE nº 0129.0.243.000-11). The study participants received information about the object under investigation and signed a Free and Informed Consent Form, formalizing their agreement to integrate the research, as required by the Resolution nº 196/96 of the National Health Council.¹²

RESULTS

The study included 34 people with active venous ulcers, being that 61.8% were adults and 38.2% were older. The ages ranged from 34 to 80 years, with an average of 59.26 years (SD=11.94). Patients were predominantly female (55.9%) and white (73.5%).

Next, we will present the Table 1 with the main sociodemographic data.

Table 1. Sociodemographic variables of 34 people with venous ulcer attended at a university hospital in the Brazilian South, 2011.

Variables	n	%
Gender		
Male	15	44,1
Female	19	55,9
Race		
Black	3	8,8
White	25	73,5
Brown	6	17,7
Marital Status		
Single	9	26,5
Married	17	50,0
Widowed	7	20,6
Stable relationship	1	2,9
Nº of children		
None	6	17,6
One	5	14,7
Two	6	17,6
Three or more	17	50,1
Schooling		
Illiterate	2	5,9
Incomplete E.E.	27	79,5
Complete E.E.	1	2,9
Complete H.E.	2	5,9
Incomplete H.E.(faculty)	1	2,9
Complete H.E.(faculty)	1	2,9
Income		
Less than one minimum wage	1	2,9
One national minimum wage	22	64,7
Two national minimum wages	8	23,6
Three or more national minimum wages	3	8,8

It is observed in Table 1 that 50% of those interviewed were married and had three or more children. As for the schooling level, there was a predominance of people with incomplete elementary school (79.5%) and income of one minimum wage (64.7%).

The study demonstrates that the Catholic religion is predominant (61.8%). As for the housing conditions, 82.4% had their own home, 14.7% lived at a supplied home and 2.9% in rented house. 44.1% of those interviewed reported being residents in the city of the study, and 56.9% of them lived in other cities of the region.

Regarding the sewage disposal, 67.6% have water supply from the public network, 44.1% have filtered water as a means of treating water at home; for waste destination, 64.7% have pit, and 91.2% have public garbage collection.

Concerning the profession/occupation, 26.5% were farmers, 14.7% were maids and 11.8% worked at home. Furthermore, other professions have been cited, making a total of

47% (butcher, clerk, trader, cook, hydraulic plumber, civil servant, waiter, driver, musician, mason, seller and watchman).

With regard to the origin of the income, it was found that 52.9% were retired, 29.4% received sick pay and 17.7% were in other situations.

It should be identified that 64.7% of people use the bus and 32.4% make use of the automobile as a means of transportation to the referential service. Some people use other forms of transportation, such as ambulance and taxi, making a total of 2.9%.

When asked about the presence of caregivers, 64.7% of respondents reported not having and 35.3% had caregivers. Among these, 58.3% have the son/daughter as the main caregiver, in 25.0% of cases is the spouse and in 16.7% is the nephew.

Regarding the health conditions, it should be evidenced that 64.7% reported having sedentarism, obesity (55.9%); hypertension (52.9%); venous insufficiency (35.3%); diabetes

mellitus (29.4%); heart diseases (20.6%); smoking (17.6%); anemia (5.9%) and alcohol (2.9%).

By measuring the height and weight of respondents, it was possible to calculate the

Body Mass Index (BMI), noting that 58.8% of people with VU are obese, as shown in the Table 2.

Table 2. Presentation of Body Mass Index (BMI) of 34 people with venous ulcer attended at a university hospital in the Brazilian South 2011.

Situation/ Classification	Score	n°	Percentage (%)
Normal weight	Between 18,5 and 24,9	6	17,6
Overweight	Between 25,0 and 29,9	8	23,6
Obesity degree I	Between 30,0 and 34,9	7	20,6
Obesity degree II	Between 35,0 and 39,9	7	20,6
Obesity degree III		6	17,6
Total		34	100

As for the use of medications, it was found that 85.2% of those with VU make use of them, as oral hypoglycemic drugs, insulin, anti-hypertensives, antidepressants, dyslipidemia reducers and medications for the treatment of venous insufficiency.

It should be identified that 50.0% of respondents reported having a family history of VU. The characteristic clinical signs of venous insufficiency were found in 97.1% of those interviewed. The ochrodermatitis was observed in 79.4% of people, lipodermatosclerosis in 61.8% and lower limb edema in 47.1%.

DISCUSSION

By identifying the characteristics of people with venous ulcer, we have realized a predominance of females. Similarly, studies in the Brazilian Northeast has identified this trend.^{11,13-4}

It is inferred that the occurrence of VU in women is due to the hormonal issue, pregnancy, postpartum period and higher incidence of varicose veins, which may favor the onset of chronic venous insufficiency.¹³ Moreover, the predominance of such an occurrence, partially, is arising from the female longevity, since, until the age of 40 years, the number of cases is distributed with certain equality between the genders.²

A study conducted in Australia shows that the incidence of venous ulcer is growing with the increased population ageing, and it burdens the health system.¹⁵

In the survey, we have found a greater number of adults with VU, in line with a research conducted in the Minas Gerais state, which found the prevalence in the age group between 40 and 60 years.¹⁶ But, in other studies, it is identified a equality in the age groups of adults and elderly¹³, or even the ascertainment that the venous ulcer is a chronic disease of the elderly population¹⁴, which can be justified by the inadequate

functioning of the venous system, something that is common in this population.³ It is should be emphasized that the socioeconomic, cultural and geographical conditions, which are characteristics of each region, justify the differences.²

Regarding the marital status of interviewees, the results are similar to the ones of another study in which 60% of people with VU declared themselves married or living in a stable relationship.¹¹

It should be highlighted the low level of schooling of people with VU; similar data were found in other surveys.^{11,13} This is an issue identified as relevant to the quality of the care performed by the person with VU, as well as for the treatment adherence. The low schooling may interfere with understanding the needs of care for the treatment of venous lesions It should be emphasized the importance of the healthcare professional to use an understandable verbal language to the person with VU, so that it can understand the guidelines related to the care and, consequently, also commit itself to its own health, in order to ensure a successful treatment. Given this, it is a task of the nursing professional to prioritize a therapeutic communication that enhances the individuality of the cared person.¹⁷

It was found that most respondents were Catholics, had their own houses; water supply from the public network; waste destination in pit and public garbage collection. The housing and sanitation conditions can have a direct impact on the issues of care for venous ulcers.¹⁶ Moreover, it was found that most of respondents lived in other cities of the researched region, this fact is justified by virtue of the university hospital is a reference in this specialty for that region.

With respect to the profession, it should be respectively noted: farmer, maid and housewife. The source of income refers to retirements or sick pay. The poor socioeconomic situation is exacerbated both

by removal of labor activities and by the need for daily care, as well as expenses for material resources for the achievement of wound care and acquiring medications needed to control associated diseases or displacement to healthcare services. Consistent with these data, some researches point out that work activities are influenced due to the presence of VU, reflecting in absences from work or early retirements.^{16,18} It was found that most people received a minimum wage, similarly to results found in other researches that point to the predominance of economically marginalized people.^{11,13}

It was identified that when there is a need of help to care, the main responsible is a family caregiver. The chronic diseases tend to assume a complexity that is projected in the daily lives of sick individuals and their family members.¹⁹ This fact was found in the results of this study, by highlighting the impact on daily activities, especially those related to household tasks and professionals activities of those interviewed. Thus, family support is considered favorable for emotional balance and multiprofessional performance.²⁰

When investigating the health condition reported by informants, it was noted the existence of VU in people with chronic conditions, such as: obesity, systemic arterial hypertension, venous insufficiency, diabetes mellitus and heart diseases. Similarly, a study conducted in the metropolitan region of Fortaleza/Ceará/Brazil met the diseases often associated with venous ulcers, among them, venous insufficiency (100.0%), systemic arterial hypertension (70.9%); obesity (29.09%) and diabetes mellitus (16.36%).¹⁴ In another study, performed at the *Hospital Universitário de São Paulo*, there was a predominance of systemic arterial hypertension (33.33%) and diabetes mellitus (22.22%).¹⁰ The pre-existence of chronic health conditions is a risk factor and negatively interfere with the treatment of people with VU. Furthermore, the ignorance of people with VU about venous insufficiency may decrease the chances of success of the treatment.²⁰

Accordingly, healthy life habits, such as balanced diet and physical activity, as well as control of diseases considered as potential risks in people with VU positively contribute to the healing process of these injuries.²¹ Additionally, it should be emphasized the need to integrate the multidisciplinary healthcare team in the care of people with venous ulcers, since it favors higher treatment adherence and behavioral changes.²

In the treatment, we should also emphasize the therapeutic measures for weight control, as well as to encourage physical activity, since 82.3% of subjects are overweight or obese, possibly due to the sedentary lifestyle.

In this study, we have found that 85.2% of respondents made use of medicinal drugs, especially for treating chronic diseases.

The clinical signs found in the surveyed group (venous insufficiency, ochrodermatitis, lipodermatosclerosis, lower limbs edema) are commonly found in other studies and are related to venous reflux and hemoglobin release after breaking the blood cells, which go beyond the interstice, thereby as the hardening of the dermis and subcutaneous tissue arising from the lesions recurrence.¹⁷

CONCLUSION

In this research, it was possible to identify that the sociodemographic and health characteristics of the investigated population with venous ulcer have presented people aged between 34 and 80 years old, female, white, mainly originating from the municipalities of the study region, retired people, with low schooling and family income. The venous ulcer is associated with other chronic health conditions, such as: obesity, systemic arterial hypertension, venous insufficiency, diabetes mellitus and heart diseases.

Given these found results, it should be emphasized the need for the nurse to plan care actions, by considering sociodemographic and health variables, as well as to conduct guidelines in a simple way and with objective language, thus allowing the participation of the person with VU in its treatment.

As study limitation, there is the fact that it was conducted at a single location. It is suggested to conduct further researches in other institutions and reference services, with different levels of complexity in the care of people with venous ulcers, in order to allow the deepening of this issue at stake, as well as the knowledge of the impact of chronic in the life conditions of a subject with VU.

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